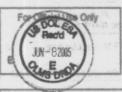
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 2 /1/		T =-			
1. File Number U - 2/17		2. Fiscal Year Covered From:			
		1/1/	2004 Through:	12/31	/ 2004
Name and address of person filing.		4. Name, file number, and address of labor organization.			
Name Russell S Hollander		Name Directors Guild of America, Inc.			
Directors Guild of A	merica, Inc.	Labor Organization File	Number 000-01	8	
P.O. Box, Bidg., Room No., if any		P.O. Box, Building and Room Number, if any			
Street 110 West 57th Street - 6th Floor		Street 110 West 57th Street - 6th Floor			
1 YEAR DO NOT THE ST	TOTAL BUILDING GOOD DANNER	and oth the cold	could chebr	shirter next	250
City New York	Control of the state of the sta	City New York	- MO 71 FEET	1612, 1 612,00	CL
State New York	ZIP Code +4 10019-3319	State New York		ZIP Code + 4	10019-331
Name Assoc. of Independent	Commercial Producers	Attended AICP Ch	ristmas Party		
P.O. Box, Bldg., Room No., if any					
		-7.			
		7.b. Amount.			
Street 3 West 18th Street -	5th Floor	7.b. Amount.	Approxim	ately	
The same transfer and the		7.b. Amount.	Approxim		
City New York of Employer for		Ta wette of a whi-	101# 25 0F	50	
City New York of Europoyer for	ud page and consumer	Conyest toome or oil in a web, only in white oil in white	101# 25 0F	50	
State New YORKIL SUB- SQ 11 JUST	DOPC GENERAL SERVICES ADMICAS	The state of the s	acoustic satisfy, of penalties of the law examined by the sign	50	formation e best of the

Name of Person Filing Russell Hollander

(period ending December 31, 2004)

File Number U-

2/71

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name YES Network	Received four (4) Yankee tickets; not used personally distributed to DGA staff.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street 405 Lexington Avenue			
City New York	\$320		
State New York ZIP Code +4 10174-3699			
Sign	nature Musel Mu		
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		
signed Muncle MMV	On 6/1/05 2/2-581-0370 Date Telephone Number		

Form LM-30 (2003)

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Name of Person Filing Russell Hollander (period ending	December 31, 2004) File Number U- 2//			
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Scoozi Events NYC				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street 142 West 83rd Street - storefront	c. Employer			
City New York				
State New York ZIP Code +4 10024-5017				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.ä. Nature of such dealing.			
Name	Caterer			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. 37,000			
City	12.ä. Nature of interest held or income received.			
State ZIP Code + 4	Christmas gift basket.			
	12.b. Amount. Approximately \$70 - 75			
Received from any employer (other than an employer covered und or from a labor relations consultant to an employer any payment of mone	ler parts A and B above)			
13.a. Name and add Employer or Labor Relations Consultant (including trade name,	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Business an Employer or Consultant ?	14.b. Amount of payment.			
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B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Cohen Weiss and Simon LLP Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 330 West 42nd Street City New York State New York ZiP Code +4 10036-6976	9. Business deals with: **A a. Labor Organization** **Description** **
	44 S Maham of such dealler
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.ä. Nature of such dealing.
Street	13 k Assessionate della contra ed contra desellare 2 C 5.5.5
City	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount. Approximately \$50 - 75
Celived from any employer (other than an employer covered und or from any lehor relations consultant to an employer any payment of money labor. Some and address player or Labor Relations Consultant (including trade name, if any labor.)	er parts A and B above)
13.a. Name and address elever or Labor Relations Consultant (including trade name, if any).	er parts A and B above) y or other thing of value. 14.a. Nature of payment.
13.a. Name and address elever or Labor Relations Consultant (including trade name, if any).	er parts A and B above) y or other thing of value. 14.a. Nature of payment.
13.a. Name and address clover or Labor Relations Consultant (including trade name, if any) Name	er parts A and B above) y or other thing of value. 14.a. Nature of payment.
13.a. Name and address clover or Labor Relations Consultant (including trade name, if any) Trade Name, if any:	er pairts A and B above) y or other thing of value. 14.a. Nature of payment.
13.a. Name and address elever or Labor Relations Consultant (including trade name, if any: P.O. Box, Bldg., Room No., if any	er pairts A and B above) y or other thing of value. 14.a. Nature of payment.
13.a. Name and address clover or Labor Relations Consultant (including trade name, if any: P.O. Box, Bldg., Room No., if any Street	er pairts A and B above) y or other thing of value. 14.a. Nature of payment.
or from any Johor relations consultant to an employer any payment of money 13.a. Name and address clover or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	er pairts A and B above) y or other thing of value. 14.a. Nature of payment.